

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

89732-577
APPLICANT(S)

FILING DATE

12-8-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
(11)	/					
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
(21)	/					
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
(29)	/					
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
(37)	/					
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
(47)	/					
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/						
(52)	/							
53		/						
54		/						
55		/						
56		/						
57		/						
58		/						
(59)	/							
60		/						
61		/						
62		/						
(63)	/							
64		/						
65		/						
66		/						
67		/						
68		/						
69		/						
70		/						
71		/						
72		/						
73		/						
74		/						
(75)	/							
76		/						
77		/						
78		/						
79		/						
(80)	/							
81		/						
(82)	/							
83		/						
84		/						
85		/						
(86)	/							
87		/						
88		/						
89		/						
90		/						
91		/						
92		/						
93		/						
94		/						
95		/						
96		/						
97		/						
98		/						
99		/						
100		/						
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								